

PATENT
450100-02223

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Hisashi TACHIBANA
Serial No. : 09/459,967
For : DATA PROCESSING CIRCUIT
Filed : December 13, 1999
Examiner : Nhat Q. Do
Art Unit : 2663

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JUN 29 2004

Technology Center 2600

745 Fifth Avenue
- New York, NY 10151

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Date of Deposit: June 18, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Charles Jackson

(Typed or printed name of person mailing paper or fee)

Charles Jackson

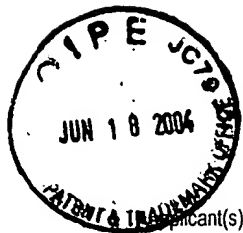
(Signature of person mailing paper or fee)

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 17, 2004, please amend the
above-identified application as follows:



06-21-07

2663

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450100-02223

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Commissioner for Patents

P.O. Box 1450, Alexandria, VA 22313-1450

Sir: Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	= 20	0 x	\$18(9)	= \$00.00
Independent claims	1	Minus	= 3	0 x	\$86(43)	= \$.00
			Total additional fee for this amendment			\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid __, or is paid herewith __.
- ☒ This response is being filed within the second month following the expiration of the term originally set therefor. This is a petition to request a two-month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$420.00 is attached, which covers the cost of ☐ additional claims ☒ petition for extension of time.
- ☐ A check in the amount of \$.00 is attached.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

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